Arkansas

Arkansas Department of Environmental Quality (ADEQ)

Re: 7520 Reports for the Fourth Quarter of FY2014

4th Quarter Period: (October 1, 2013 --- September 30, 2014)

Date: (Monday) October 27, 2014

Time: 3:04pm

Reference File Code: WA-UI-PP



OCT 22 2014

Omar T. Martinez, Environmental Scientist Ground Water/UIC [6WQ-SG] U. S. Environmental Protection Agency Region 6 1445 Ross Avenue, Suite 1200 Dallas, TX 75202-2733

RE: 7520 Reports for the Fourth Quarter of FY 2014

Dear Mr. Martinez:

The 7520 reports for the Fourth Quarter of FY 2014 (reporting period of June, July, and August, 2014) and the cumulative 7520 reports for the reporting period between October 1, 2013 and September 30, 2014 are enclosed.

Please do not hesitate to contact Linda Hanson, P. G. with any questions by telephone at (501) 682-0646 or by e-mail at hanson@adeq.state.ar.us.

Sincerely,

Katherine Yarberry, P. E.

Engineer Supervisor, No-Discharge Section

Linda Hanson, P. G. No-Discharge Section

enclosures

ec:

Mike Vaughan, 6WQ-AT (Vaughan.Michael@epamail.epa.gov)

Robert Todd, 6WQ-AT (Todd.Robert@epamail.epa.gov)

UIC Files

Reference File Code: WA-UI-PP

PROTECTION BRANCH

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

Uni

I. Name and Address of Reporting Agency

\$EP /	A Part	North Little Rock, AR 72118-5317											
II. Date Prepa	red (month, day	, yea	r)	III. State Contact (name, tel		IV. Repor	ting Period	(month,	year)	7-			
10/16/2014				Linda Hanson, P.G., 501	-682-0646		er 1, 2	0 13		То	09/30/20	14	***************************************
							C	lass and	Туре	of Inj	ection We	lls	
							04/0	II	T				
			Ite	m		1	SWD 2D	ER 2R	HC 2H		Ш	IV	V
V. Permit Application	Number of Perm								0				
	1	A		nber of Individual nits Issued	New Wells	0							10
	Permit			e Well)	Existing Wells	0							10
VI.		В		nber of area Permits* Issued	New Well Field	0							0
Permit Determin-	Issued			e instructions on back)	Existing Well Field	0							0
ation		С		nber of Wells in Area Permits	New Wells	0							0
			(See	e B above)	Existing Wells	0							0
	Permit Not Issued	D		nber of Permits Denied/Withd er complete technical review)	rawn	0							0
	Modification Issued	E		nber of Major Permit ifications Approved		0							0
VII. Permit	Number of Ru	le-A	uthori	zed	Wells Reviewed								
File Review	Class II Wells	Revi	ewed		Reviewed Wells Deficient								
	Wells		Num	nber of Wells	Abandoned Wells	0							0
	Reviewed	Α	in A	rea of Review	Other Wells	0							0
	Wells Identified		Num	nber of Wells Identified	Abandoned Wells	0							0
VIII. Area of	for C/A	В	for (Corrective Action	Other Wells	0							0
Review (AOR)				umber of Wells in AOR with Casing Repaired/Recemented	CIA								0
	Wells			umber of Active Wells in AOR Plugged/Abandoned									0
	with C/A	С		umber of Abandoned Wells n AOR Replugged		-							0
			5753 100(5)	umber of Wells in AOR with 'Other" Corrective Action									0
IX. Remarks/	Ad Hoc Report ((Atta	ch ad	ditional sheets if necessarv)								***************************************	
				e made on this form and all a tatement may be punishable b		ereto are tru					cknowled	ge that any	
Signature and	h Abusto		ame a	nd Title of Person Completin	_	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Date 10/1	6/20	14	Telephor (501) 68	
300	28UGA			Linda A. Har	ison, G	reolog	PIST M	- 4.	10/1	5, 20	. 1		_ 0010

EPA Form 7520-1 (Rev. 12-11)

Previous edition is obsolete.

Reference File Code: WA-UI-PP

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United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System Part II: Compliance Evaluation

(This information is solicited under the authority of the Safe Drinking Water Act)

•	Name	and	Address	of	Reporting	Agency
---	------	-----	---------	----	-----------	--------

United States Environmental Protection Agency

Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72218-5317

II. Date Prepared (month, day, year) III. State Contact (name, telephone no.)				IV. Reporting Period (month, year)										
10/16/2014		***************************************	Linda H	anson, P.G., 501-682-0646	October 1, 20 13 To September 30, 2014									
						C	Class and	Type of In	jection We	lls	***************************************			
							- 11							
			Item		Į.	SWD 2D	ER 2R	HC 2H	Ш	IV	v			
	Total Wells	А	Number of Well	s with Violations	0						0			
V.			1. Number of U	Jnauthorized plations	0						0			
Summary			2. Number of M	Mechanical Integrity Violations	0						0			
of	Total	В	3. Number of 0	Operation and e Violations	0						0			
Violations	Violations			4. Number of Plugging and Abandonment Violations							0			
			5. Number of Neporting V	0						0				
			6. Number of (Other Violations	0						0			
7 -	Total Wells	А	Number of Well Enforcement Ac		0						0			
			1. Number of N	lotices of Violation	0						0			
VI.			2. Number of C	onsent Agreements	0						0			
Summary			3. Number of A	dministrative Orders	0						0			
of	Total Enforcement	В	4. Number of C	Civil Referrals	0						0			
Enforcement	Actions		5. Number of C	Criminal Referrals	0						0			
			6. Number of Well Shut-ins		0						0			
			7. Number of Pipeline Severances		0						0			
			8. Number of C	Other Enforcement Actions	0						0			
VII. Summary	Number of We			A. This Quarter	0						0			
of Compliance	Returned to C	omp	liance	B. This Year	0						0			
VIII. Contamination	Number of Ca	ses	of Alleged Contar	nination of a USDW	0						0			
IX. MIT Resolved	Percent of MIT	Vio	lations Resolved	in 90 Days	0						0			
X. Remarks/Ad	Hoc Report (A	Attac	h additional shee	ets)										
				Cortification										

Signature and Typed or Printed Name and Title of Person Completing Form

10/16/2014

Telephone No. (501) 682-0646

EPA Form 7520-2A (12-11)

Replaces EPA Form 7520-2 which is obsolete

knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any

Reference File Code: WA-UI-PP

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II. Date Prepared (month, day, year)

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System Part II: Compliance Evaluation Significant Noncompliance

(This information is solicited under the authority of the Safe Drinking Water Act)

III. State Contact (name, telephone no.)

I.	Name	and	Address	of	Reporting	Agency

United States Environmental Protection Agency

Arkansas Department of Environmental Quality 5301 Northshore Drive

North Little Rock, AR 72118-5317

IV. Reporting Period (month, year)

10/16/2014			Linda Ha	anson, P.G., 501-682-0646	From Octob	er 1, 2	To 09/30/2014)14							
						C	Class and	Type of	Injection We	ion Wells					
							Ш								
			Item		1	SWD 2D	ER 2R	HC 2H	Ш	IV	v				
	Total Wells	Α	Number of Wells	s with SNC Violations	0						0				
V.			1. Number of U Injection SN		0						0				
Summary			2. Number of M SNC Violation	lechanical Integrity ons	0						0				
of Significant			3. Number of Ir SNC Violation	njection Pressure ons	0						0				
Non-	Total Violations	В	4. Number of P and Abando	lugging nment SNC Violations	0						0				
Compliance			5. Number of S of Formal O	NC Violations ders	0						0				
(SNC)	1		6. Number of F SNC Violation		0						0				
			7. Number of C (Specify)	ther SNC Violations	0						0				
	Total Wells	Α	Number of Wells Enforcement Act	s with tions Against SNC	0						0				
VI.			otices of Violation	0						0					
Summary			2. Number of C	onsent Agreements/Orders	0		***************************************				0				
of	<u></u>		3. Number of Administrative Orders		0						0				
	Total Enforcement	В	4. Number of C	ivil Referrals	0						0				
Enforcement	Actions	_	5. Number of C	riminal Referrals	0						0				
Against			6. Number of W	/ell Shut-ins	0						0				
SNC			7. Number of Pipeline Severances		0						0				
				ther Enforcement Actions Violations <i>(Specify)</i>	0						0				
VII. Summary	Number of We	lls i	n SNC	A. This Quarter	0						0				
of Compliance	Returned to C	omp	liance	gainst SNC Violations (Specify) A. This Quarter			0								
VIII. Contamination	Number of Ca	ses (of Alleged Contan	nination of a USDW	0						0				
IX.	Class IV/Enda	nger	ring Class V		Involunta	ry Well Clo	osure			0	0				
Well Closures			Voluntary	Well Clos	ure			0	0						
I certify	that the statem	ents	I have made on t	Certification		ie, accurate	e, and con	nplete.	l acknowled	ge that any					

EPA Form 7520-2B (12-11)

Replaces EPA Form 7520-2 which is obsolete

and Typed or Printed Name and Title of Person Completing Form

knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Reference File Code: WA-UI-PP

10/16/2014

Telephone No.

(501) 682-0646

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United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System Part III: Inspections Mechanical Integrity Testing

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317

I. Date Prepared (month, day, year) III. State Contact (name, telephone no.)					IV. Reporting Period (month, year)									
10/21/2014		••••••	Linda Hanson, P.G., 501-	682-0646	From Octob	er 1, 2	0 13	To 09	/30/2014	***************************************				
						С	lass and	Type of Inj	ection Wel	ls				
							11							
			Item		ı	SWD 2D	ER 2R	HC 2H	Ш	IV	v			
	Total Wells	Α	Number of Wells Inspected		13						0			
v.			Number of Mechanical Integrity (MIT) Witnessed	18						0				
Summary			2. Number of Emergency Response Complaint Response Inspection		0						0			
of	Total Inspections	В	3. Number of Well Constructions Witnessed		0						0			
Inspections			4. Number of Well Pluggings Witnessed		1						0			
			5. Number of Routine/Periodic Inspections	Inspections							0			
Total		Α	Number of Wells Tested or Evaluat for Mechanical Integrity (MI)	12						0				
	Wells	В		sed 2-part test	0						0			
			Tested/Evaluated for MI Faile	ed 2-part test	0						0			
VI.			1. Number of Annulus Pressure	Well Passed	13						0			
			Monitoring Record Evaluations	Well Failed	0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0			
Summary	For		2. No. of Casing/	Well Passed	12						0			
	Significant	С	Tubing Pressure Tests	Well Failed	0						0			
of	Leak		3. Number of Monitoring Record Evaluations	Well Passed	12				***************************************	***************************************	0			
				Well Failed	0						0			
Mechanical			4. No. of Other Significant Leak Tests/Evaluations (Specify)	Well Passed	0						0			
				Well Failed	0						0			
Integrity			Number of Cement Record Evaluations	Well Passed	0						0			
				Well Failed	2						0			
(MI)	For		2. Number of Temperature/ Noise Log Tests	Well Passed Well Failed	0		***************************************	***************************************		***************************************	0			
	Fluid	D	No. of Radioactive Tracer/	Well Passed	6		***************************************				0			
	Migration		3. No. of Radioactive Tracer/ Cement Bond Tests	Well Failed	0		3	***************************************		f	0			
			A No. of Other Fluid Migration	Well Passed	0		***************************************				0			
			4. No. of Other Fluid Migration Tests/Evaluations (Specify)	Well Failed	0				1		0			
	Total Wells	Α	Number of Wells with Remedial Action		1						0			
VII.			Number of Casing Repaired/ Squeeze Cement Remedial Acti	ons	0						0			
Summary of	Total Remedial	В	2. Number of Tubing/Packer Remedial Actions		1						0			
Remedial Action	Actions	5		3. Number of Plugging/Abandonment							0			
Action			4. Number of Other Remedial Acti (Specify)	Number of Other Remedial Actions							0			
VIII. Remarks/A	d Hoc Report	(At	ttach additional sheets)											

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any

EPA Form 7520-3 (Rev. 12-11)

Previous edition is obsolete

knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

ure any Typed of Printed Name and Title of Person Completing Form Linda A. Hanson Date

Reference File Code: WA-UI-PP

10/21/2014

Telephone No.

(501) 682-0646

Reference File Code: WA-UI-PP

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System Part IV: Quarterly Exceptions List

OMB No. 2040-0042	
Approval expires 11/30/2014	
I. Reporting Period	
From	То
10/01/2012	00/20/2014

	(This information is coll	ected under the aut	hority of the S	Safe D	rinkir	ng Wa	ter A	ct)				1	0/01/	2013					105	9/30/2014
11.	III.	IV.	V. S	umm	ary of	f Viola	ations	;			VI.	Sumr	nary o	of Enf	orcen	nent				VII.
Well	Name and Address	Well	Date of		Mar	k ('X')	Viola	tion '	Гуре		Date of		Ма	rk ('X') Enfo	orcem	ent Ty	pe		Date
Class and Type	of Owner/Operator	ID No. (Permit No.)	Violation	Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)	Enforcement	Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)	Compliance
	No exceptions this year.																			
7	No exceptions this year.												•········							

				7		,,,,,,,,				7*****	***************************************						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,		***************************************
							\$					I		33 33	·······					
punisha	that the statements I have made on this for able by fine or imprisonment or both under		1		accu		and co	omple	ete.	l ackr	nowledge that any k			alse o	r mis	leadir	ng sta			
	Person Completing Form		Typed or Pr Linda Ha		***************************************	***************************************	************	<i>3</i>	-		•	Date		2014	**********		-	2000000	phone	82-0646

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Previous edition is obsolete.

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United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System

Part V Summary of UIC Grant Utilization

(This information is solicited under the authority of the Safe Drinking Water Act) I. Name and Address of Reporting Agency

United States Environmental Protection Agency

Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317

II. Date Prepared (month, day, year) III. State Contact (name, telephone no.) IV. Reporting Period (month, year) Linda Hanson, P.G., 501-682-0646 10/17/2014 October 1, 20 13 09/30/2014 Item Federal Funds (\$) State Funds (\$) 29,472.83 Personnel 9,824.28 10,059.06 Fringe Benefits 3,353.02 5,259.35 Travel 1,753.11 D. Equipment Expenditure E. Supplies by Object Class Contractual Other Direct Charges Indirect Charges 4,388.18 13,164.54 57,955.78 19,318.59 Administration 12,060.60 4,020.20 26,491.58 Permitting 8,830.53 Surveilance, Inspection, 3,344.05 1,114.68 and Quality Assurance Enforcement 9,000.53 3,000.18 VI. Aquifer Identification and Exemption Expenditure bv Program Class V Assessment Element Data Management 6,688.10 2,229.36 Public Information, Training, 370.92 123.64 and Technical Assistance Other 57,955.78 Total 19,318.59 VII. Remarks (Attach additional sheets if necessary)

Certification l certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any

knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

EPA Form 7520-5 (Rev. 12-11)

Signature and Typed or Printed Name and Title of Person Completing Form

Reference File Code: WA-UI-PP

10/21/2014

Telephone No.

(501) 682-0646